

Fill in this information to identify the case:

Debtor name CAPSTONE PEDIATRICS, PLLC

United States Bankruptcy Court for the: Middle District of Tennessee
(State)

Case number (if known): 3:19-BK-01971

☒ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Bank of America	Operating Account	6 8 3 7	\$ -5,879.87
3.2. Bank of America	Payroll Account	2 1 9 4	\$ -7,452.99

4. Other cash equivalents (Identify all)

4.1. \$

4.2. \$

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ -13,332.86

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. Security deposit for Lease - SL Management Group	\$ 29,494.08
7.2. Security deposit for Lease - Four Plus Corporation	\$ 6,789.00

Debtor

Name

Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Prepaid Malpractice Insurance - ProAssurance

\$ 8,526.67

8.2. Prepaid General - Insinource

\$ 1,435.13

9. Total of Part 2.

\$ 46,244.88

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less: 1,147,506.80 - 338,168.52 = →

\$ 809,338.28

face amount doubtful or uncollectible accounts

11b. Over 90 days old: 842,508.72 - 842,508.72 = →

\$ 0.00

face amount doubtful or uncollectible accounts

12. Total of Part 3

\$ 809,338.28

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____

\$ _____

14.2. _____

\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ %

\$ _____

15.2. _____ %

\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____

\$ _____

16.2. _____

\$ _____

17. Total of Part 4

\$ _____

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Vaccine Inventory	12/31/18	1,355.06	Recent Cost	1,355.06
Medical Supplies	MM / DD / YYYY 12/31/18	\$ 23,778.62	Recent Cost	\$ 23,778.62
23. Total of Part 5				\$ 25,133.68
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Name

Case number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office Furniture and Fixtures	11,805.02 \$ _____	Recent Cost _____	11,805.02 \$ _____
40. Office fixtures Clinic/Office Equipment	9,549.36 \$ _____	Recent Cost _____	9,549.36 \$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment	24,583.83 \$ _____	Recent Cost _____	24,583.83 \$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
Other - Leasehold Improvements	798,375.84 \$ _____	Recent Cost _____	798,375.84 \$ _____
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 844,314.05

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 1420 Donelson Pike Suite B17 Nashville, TN 37217 - Admin	Lessee	\$		\$
55.2 4247 Harding Place Nashville, TN 37217 - Clinical office	Lessee	\$		\$
55.3 647 Dunlop Lane Suite 102 Clarksville, TN 37040 - Clinical office	Lessee	\$		\$
55.4 537 Stonecrest Pkwy Suite 201 Smyrn, TN 37167 - Clinical office	Lessee	\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites Company website	\$ 0.00		\$ 0.00
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations Patient Health Records, Patient Listing, Payor Contracts	\$ 0.00	N/A	\$ 0.00
64. Other intangibles, or intellectual property Loan Origination Fee - Newtek SBA	\$ 67,499.55	N/A	\$ 67,499.55
65. Goodwill	\$ 839,866.96	N/A	\$ 839,866.96

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 907,366.51

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)
 COBRA

\$ 1,520.00

Total face amount

doubtful or uncollectible amount

= →

\$ 1,520.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
 Tax year _____ \$ _____
 Tax year _____ \$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Clearing Accounts

\$ -287,499.64

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ -285,979.64

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ -13,332.86	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 46,244.88	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 809,338.28	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 25,133.68	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 844,314.05	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 907,366.51	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ -285,979.64	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 2,333,084.90	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 2,333,084.90

Fill in this information to identify the case:Debtor name CAPSTONE PEDIATRICS, PLLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEECase number (if known) 3:19-bk-1971☒ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Column B

Amount of claim

Value of collateral that supports this claim

Do not deduct the value of collateral.

2.1 CDS Business Services, Inc.

Describe debtor's property that is subject to a lien

\$1,442,983.55\$0.00

Creditor's Name

1981 Marcus Ave., Suite 130**Lake Success, NY 11042**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.2 Internal Revenue Service**

Describe debtor's property that is subject to a lien

\$5,230,918.20\$0.00

Creditor's Name

**PO Box 7346
Philadelphia, PA
19101-7346**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

5553

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **CAPSTONE PEDIATRICS, PLLC**
Name

Case number (if know) **3:19-bk-1971**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3

Newtek Small Business

Finance

Creditor's Name

PO Box 297
Laurel, NY 11948

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$2,569,235.78

\$0.00

Describe the lien

SBA Small Business Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4

Internal Revenue Service

Creditor's Name

PO Box 7346
Philadelphia, PA
19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$1,530,117.90

\$0.00

Describe the lien

Federal Income, Social Security, Medicare

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

. 3 Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$10,773,255.43

Part 2 List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **CAPSTONE PEDIATRICS, PLLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:19-bk-1971**☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address City of Clarksville One Public Square Suite 119 Clarksville, TN 37040	\$148.00	\$148.00
	Date or dates debt was incurred 2015		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: Personalty Taxes		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address City of Lebanon 200 Castle Heights Ave. N. Suite 117 Lebanon, TN 37087	\$203.17	\$203.17
	Date or dates debt was incurred		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAPSTONE PEDIATRICS, PLLC**
Name

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2.3 Priority creditor's name and mailing address

**City of Mt Juliet
2365 N Mt Juliet Rd
Mount Juliet, TN 37122**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5.00

\$5.00

Date or dates debt was incurred
2015

Basis for the claim:

Personalty Taxes

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.4 Priority creditor's name and mailing address

**City of Murfreesboro
Finance Dept
111 W Vine St 1st Floor
Murfreesboro, TN 37130**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$113.00

\$113.00

Date or dates debt was incurred
2015

Basis for the claim:

Personalty Taxes

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.5 Priority creditor's name and mailing address

Commissioner of Finance

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$13.00

\$13.00

Date or dates debt was incurred
2015

Basis for the claim:

Personalty Taxes

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.6 Priority creditor's name and mailing address

**Kentucky State Treasurer
501 High St. PO Box 491
Frankfort, KY 40601**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,097.92

\$1,097.92

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor **CAPSTONE PEDIATRICS, PLLC**
Name

Case number (if known)

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2.7	Priority creditor's name and mailing address Metropolitan Trustee Metropolitan Dept of Law PO Box 196300 Nashville, TN 37219-6300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,171.86	\$10,171.86
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.8	Priority creditor's name and mailing address Montgomery County Trustee PO Box 1005 Clarksville, TN 37041-1005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$755.98	\$755.98
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.9	Priority creditor's name and mailing address Rutherford County Trustee PO Box 1316 Murfreesboro, TN 37133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$365.00	\$365.00
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.10	Priority creditor's name and mailing address Tennessee Dept of Labor c/o Tennessee Atty General Office PO Box 20207 Nashville, TN 37202-0207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$78,333.19	\$78,333.19
Date or dates debt was incurred 4/2015-11/2015		Basis for the claim: State Unemployment Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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<div>2.11</div>	Priority creditor's name and mailing address Tennessee Dept. of Revenue	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$51,897.00	\$51,897.00
<hr/>		<hr/>		
Date or dates debt was incurred		Basis for the claim:		
<hr/>		<hr/>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		<hr/>		
<div>2.12</div>	Priority creditor's name and mailing address Town of Smyrna 315 S. Lowry St. Smyrna, TN 37167	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$66.00	\$66.00
<hr/>		<hr/>		
Date or dates debt was incurred		Basis for the claim:		
<hr/>		<hr/>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		<hr/>		
<div>2.13</div>	Priority creditor's name and mailing address Williamson County Trustee 1320 West Main St Ste 203 Franklin, TN 37064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$565.00	\$565.00
<hr/>		<hr/>		
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
<hr/>		<hr/>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		<hr/>		
<div>2.14</div>	Priority creditor's name and mailing address Wilson County Trustee PO Box 865 Lebanon, TN 37088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$309.00	\$309.00
<hr/>		<hr/>		
Date or dates debt was incurred		Basis for the claim:		
<hr/>		<hr/>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		<hr/>		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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3.1	Nonpriority creditor's name and mailing address 123 GetInk 1476 Lexington Ave., Suite 1B New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.96
<hr/>			
3.2	Nonpriority creditor's name and mailing address Abbott Laboratories Inc. PO Box 100997 Atlanta, GA 30384-0997 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,876.95
<hr/>			
3.3	Nonpriority creditor's name and mailing address Accent PO Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,971.55
<hr/>			
3.4	Nonpriority creditor's name and mailing address Access PO Box 101048 Atlanta, GA 30392-1048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,052.98
<hr/>			
3.5	Nonpriority creditor's name and mailing address Advance Signs & Graphics 1005 W Main St Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Signage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,649.31
<hr/>			
3.6	Nonpriority creditor's name and mailing address Aetna Insurance Company PO Box 784836 Philadelphia, PA 19178-4836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.56
<hr/>			
3.7	Nonpriority creditor's name and mailing address Aetna Life Insurance Company PO Box 14079 Lexington, KY 40512-4079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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3.8	Nonpriority creditor's name and mailing address Aftermath Claim Service 1212 S. Naper Boulevard Naperville, IL 60540-8360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.58
<hr/>			
3.9	Nonpriority creditor's name and mailing address Akhenia Conerly 296 Raleigh Dr Apt B Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.16
<hr/>			
3.10	Nonpriority creditor's name and mailing address Alexandria Miller 748 Shelton Cir Clarksville, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.40
<hr/>			
3.11	Nonpriority creditor's name and mailing address Alison Hopkins 1346 Sweetwater Dr Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
<hr/>			
3.12	Nonpriority creditor's name and mailing address Amanda Burlison 407 Rollingwood Crossing Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65
<hr/>			
3.13	Nonpriority creditor's name and mailing address Amanda Greene 3617 Huntingboro Tr Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.14
<hr/>			
3.14	Nonpriority creditor's name and mailing address Amber Offill 4212 Shacklett Rd Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.22

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3.15	Nonpriority creditor's name and mailing address Amber Saunders 4212 Shacklett Rd Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65
<hr/>			
3.16	Nonpriority creditor's name and mailing address American Academy of Pediatrics 72103 Eagle Way Chicago, IL 60678-7251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider membership dues</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805.00
<hr/>			
3.17	Nonpriority creditor's name and mailing address American Messaging PO Box 5749 Carol Stream, IL 60197-5749 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pager service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,194.91
<hr/>			
3.18	Nonpriority creditor's name and mailing address American Plumbing Professionals PO Box 111542 Nashville, TN 37222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,139.69
<hr/>			
3.19	Nonpriority creditor's name and mailing address American Proficiency Institute PO Box 30516 Dept. 9526 Lansing, MI 48909-8016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,806.67
<hr/>			
3.20	Nonpriority creditor's name and mailing address Ana Cordero 100 Vernon Traylor Dr Smyrna, TN 37167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
<hr/>			
3.21	Nonpriority creditor's name and mailing address Andrea Hulan 812 Queen Annes Court Nolensville, TN 37135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00

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3.22	Nonpriority creditor's name and mailing address Andrey Brozewski 3036 Earhart Rd Hermitage, TN 37076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.76
<hr/>			
3.23	Nonpriority creditor's name and mailing address Angela Frazier 13859 Cainsville Rd Lebanon, TN 37090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$731.00
<hr/>			
3.24	Nonpriority creditor's name and mailing address Aquarium Maintenance Service PO Box 1856 Columbia, TN 38402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,160.00
<hr/>			
3.25	Nonpriority creditor's name and mailing address ARHC GMCLKTN01, LLC PO Box 714423 Cincinnati, OH 45271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,420.14
<hr/>			
3.26	Nonpriority creditor's name and mailing address ASE Technology 7113 Peach Court, Suite 200 Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,435.45
<hr/>			
3.27	Nonpriority creditor's name and mailing address AT&T PO Box 105068 Atlanta, GA 30348-5068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.35
<hr/>			
3.28	Nonpriority creditor's name and mailing address AthenaHealth 311 Arsenal St Watertown, MA 02472 Date(s) debt was incurred <u>8/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electronic health record system, claims billing and collections service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374,826.78

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3.29	Nonpriority creditor's name and mailing address Athenahealth, Inc. 311 Arsenal St. Watertown, MA 02472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,921.98
<hr/>			
3.30	Nonpriority creditor's name and mailing address ATMOS Energy PO Box 790311 Saint Louis, MO 63179-0311 Date(s) debt was incurred ____ Last 4 digits of account number 6232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.25
<hr/>			
3.31	Nonpriority creditor's name and mailing address Audiology Systems Attn: Scott Brewer 50 Commerce Dr Ste 180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Audiology supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.75
<hr/>			
3.32	Nonpriority creditor's name and mailing address Audiology Systems Dept. CH 16948 Palatine, IL 60055-6948 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354.25
<hr/>			
3.33	Nonpriority creditor's name and mailing address Autism Speaks 900 Circle 75 Pkwy Ste 445 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Marketing Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.34	Nonpriority creditor's name and mailing address Barton & Associates, Inc. PO Box 417844 Boston, MA 02241-7844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,130.62
<hr/>			
3.35	Nonpriority creditor's name and mailing address Bass, Berry & Sims, PLC 150 Third Ave. South, Ste. 2800 Nashville, TN 37201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$965.50

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3.36	Nonpriority creditor's name and mailing address BCBS of TN Claim Refund Dept Bldg 13 1 Cameron Hill Cir Chattanooga, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.65
3.37	Nonpriority creditor's name and mailing address BCBST 1 Cameron Hill Cir Chattanooga, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$769.49
3.38	Nonpriority creditor's name and mailing address Bentley's Air Conditioning 109 Hartmann Dr Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
3.39	Nonpriority creditor's name and mailing address Berkshire Hathaway Guard Insurance Compa PO Box 785570 Philadelphia, PA 19178-5570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,632.11
3.40	Nonpriority creditor's name and mailing address Besse Medical Supply 1576 Solutions Ctr Chicago, IL 60677-1005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,332.85
3.41	Nonpriority creditor's name and mailing address Bethany Wenger 821 Woodcraft Dr. Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,211.24
3.42	Nonpriority creditor's name and mailing address Better Business Solutions PO Box 3549 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,590.04

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3.43	Nonpriority creditor's name and mailing address BlueCross BlueShield of Tennessee Group Receipts Dept PO Box 6539 Carol Stream, IL 60197-6539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,547.74
<hr/>			
3.44	Nonpriority creditor's name and mailing address BMW Properties 2420 W Clay Dr Lebanon, TN 37087 Date(s) debt was incurred <u>2/2015-6/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>115 Winwood Dr</u> <u>Lebanon TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,625.25
<hr/>			
3.45	Nonpriority creditor's name and mailing address Bravo Construction 936 Carthage Hwy Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leasehold improvements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,926.00
<hr/>			
3.46	Nonpriority creditor's name and mailing address Bridges 935 Edgehill Avenue Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.00
<hr/>			
3.47	Nonpriority creditor's name and mailing address Butler Snow LLP 150 3rd Ave S Ste 1600 Nashville, TN 37201 Date(s) debt was incurred <u>3/2015-5/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,612.59
<hr/>			
3.48	Nonpriority creditor's name and mailing address C12 Group, Music City 2000 Mallory Ln Ste 130-56 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CEP training/continuing education</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$975.00
<hr/>			
3.49	Nonpriority creditor's name and mailing address CADS 1317 Sun Valley Road Clarksville, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00

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3.50 Nonpriority creditor's name and mailing address
CAM Realty Co/Realty Group North
109 Montgomery Ave Ste 102
Scarsdale, NY 10583
Date(s) debt was incurred 3/2015-11/2015
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$166,073.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid Rent
5003 Crossing Cir
Mt Juliet TN

Is the claim subject to offset? ☒ No ☐ Yes

3.51 Nonpriority creditor's name and mailing address
Carol Jolly
PO Box 680662
Franklin, TN 37068
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$2,819.20

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.52 Nonpriority creditor's name and mailing address
Casatina Miller
395 Bosca Ct
Clarksville, TN 37040
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$155.34

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Nonprovider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

3.53 Nonpriority creditor's name and mailing address
Centennial Medical Center
PO Box 150804
Nashville, TN 37215
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$6,450.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.54 Nonpriority creditor's name and mailing address
Chad S. Boomershine, MD
1219 Olympia Place
Franklin, TN 37067
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$5,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.55 Nonpriority creditor's name and mailing address
Charter Communications
PO Box 9001934
Louisville, KY 40290-1934
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$2,550.04

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.56 Nonpriority creditor's name and mailing address
Christian Care Ministry
PO Box 120099
Melbourne, FL 32912
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$277.57

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

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3.57	Nonpriority creditor's name and mailing address Christina Paasche 3119 Holly Point Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Provider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.00
<hr/>			
3.58	Nonpriority creditor's name and mailing address Cigna Healthcare PO Box 644546 Pittsburgh, PA 15264-4546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,144.65
<hr/>			
3.59	Nonpriority creditor's name and mailing address Cigna Healthcare - Refunds Bourbonnais Claim Office PO Box 182223 Chattanooga, TN 37422-7223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.99
<hr/>			
3.60	Nonpriority creditor's name and mailing address Clean It Supply 2212 Dearborn Dr, Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.22
<hr/>			
3.61	Nonpriority creditor's name and mailing address CLIA Laboratory Program PO Box 530882 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lab fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,166.00
<hr/>			
3.62	Nonpriority creditor's name and mailing address CLIA Laboratory Program PO Box 3056 Portland, OR 97208-3056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.63	Nonpriority creditor's name and mailing address Comcast Business PO Box 530098 Atlanta, GA 30353-0098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,715.94

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<div>3.64</div> <div>Nonpriority creditor's name and mailing address</div> <div>Commercial Lamination 2801 Murfreesboro Rd Antioch, TN 37013</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Leasehold improvements</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$2,332.49</u></div>
<hr/>		
<div>3.65</div> <div>Nonpriority creditor's name and mailing address</div> <div>Companion Life Insurance Company PO Box 100102 Columbia, SC 29202-3102</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number <u>0000</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$7,078.23</u></div>
<hr/>		
<div>3.66</div> <div>Nonpriority creditor's name and mailing address</div> <div>Concentra Occupational Health Centers Southwest PO Box 82432 Atlanta, GA 30354-0432</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Patient refund</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$442.23</u></div>
<hr/>		
<div>3.67</div> <div>Nonpriority creditor's name and mailing address</div> <div>Cook's Pest Control PO Box 280390 Nashville, TN 37228</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$755.00</u></div>
<hr/>		
<div>3.68</div> <div>Nonpriority creditor's name and mailing address</div> <div>Corporate Cleaning Systems PO Box 40565 Nashville, TN 37204</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$37,808.84</u></div>
<hr/>		
<div>3.69</div> <div>Nonpriority creditor's name and mailing address</div> <div>Cory Collier 1505 Demonbreun St., #623 Nashville, TN 37203</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$481.57</u></div>
<hr/>		
<div>3.70</div> <div>Nonpriority creditor's name and mailing address</div> <div>Crista Fedora 7201 Charlotte Pk #203 Nashville, TN 37209</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Provider employee reimbursement</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$731.00</u></div>

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3.71	Nonpriority creditor's name and mailing address Crystal Vann 1444 Primm Rd Ashland City, TN 37015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Nonprovider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65
<hr/>			
3.72	Nonpriority creditor's name and mailing address CubeSmart 1202 Antioch Pike Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number 3951	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$956.40
<hr/>			
3.73	Nonpriority creditor's name and mailing address CubeSmart Mboro Rd 1058 Murfreesboro Rd. Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.31
<hr/>			
3.74	Nonpriority creditor's name and mailing address Curtis Bay Medical Waste Services PO Box 65047 Baltimore, MD 21264-5047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Medical waste disposal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.20
<hr/>			
3.75	Nonpriority creditor's name and mailing address Cushman & Wakefield - Brentwood HCA PO Box 281166 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,454.49
<hr/>			
3.76	Nonpriority creditor's name and mailing address Cushman Wakefield/HCA PO Box 281166 Atlanta, GA 30384 Date(s) debt was incurred 1/2015-11/2015 Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid Rent 343 Franklin Rd Brentwood TN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139,279.64
<hr/>			
3.77	Nonpriority creditor's name and mailing address Cynthia E. Collins 2612 Polo Court Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00

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<div>3.78</div> <div>Nonpriority creditor's name and mailing address</div> <div>D & L Distributors Inc. PO Box 993 Brentwood, TN 37024-0993</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Repairs and maintenance</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$776.99</div>
<hr/>		
<div>3.79</div> <div>Nonpriority creditor's name and mailing address</div> <div>Day Communications, Inc. 3212 West End Ave., Suite 201 Nashville, TN 37203</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$745.00</div>
<hr/>		
<div>3.80</div> <div>Nonpriority creditor's name and mailing address</div> <div>DCA Pharmacy 233 Bedford Way Franklin, TN 37064</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$209.53</div>
<hr/>		
<div>3.81</div> <div>Nonpriority creditor's name and mailing address</div> <div>Deidra McCullough 106 Archwood Dr Madison, TN 37115</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Patient refund</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$70.00</div>
<hr/>		
<div>3.82</div> <div>Nonpriority creditor's name and mailing address</div> <div>Denise MacLeod 1154 Old Jefferson Pk Smyrna, TN 37167</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Provider employee reimbursement</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$75.00</div>
<hr/>		
<div>3.83</div> <div>Nonpriority creditor's name and mailing address</div> <div>Donequa Lyons 3424 Elizabeth Jordan St. Nashville, TN 37209</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$90.00</div>
<hr/>		
<div>3.84</div> <div>Nonpriority creditor's name and mailing address</div> <div>Donna Hamacher 7409 Somerset Pl. Nashville, TN 37221</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$1,492.20</div>

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3.85	Nonpriority creditor's name and mailing address EarthLink PO Box 2252 Birmingham, AL 35246-1058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,967.64
<hr/>			
3.86	Nonpriority creditor's name and mailing address Eatherly Services 1670 Cairo Bend Road Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
<hr/>			
3.87	Nonpriority creditor's name and mailing address ECHO, Inc. 101 Westpark Dr., Suite 140 Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,555.35
<hr/>			
3.88	Nonpriority creditor's name and mailing address Eddie Hamilton 4822 Post Rd Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000,000.00
<hr/>			
3.89	Nonpriority creditor's name and mailing address EDH Gateway Center Leap Soultions 213 W Maplewood Ln Ste 350 Nashville, TN 37207 Date(s) debt was incurred <u>6/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>1155 Kennedy Dr</u> <u>Murfreesboro TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,712.20
<hr/>			
3.90	Nonpriority creditor's name and mailing address Elisabeth Beale Radish 610 S. 12th St. Nashville, TN 37206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$746.00
<hr/>			
3.91	Nonpriority creditor's name and mailing address ELLKAY Inc. 259 Cedar Ln Teaneck, NJ 07666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Data conversion fees for electronic health records</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,080.00

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3.92	Nonpriority creditor's name and mailing address Emelina Quinones 3042 Ace Winter Meyer Drive La Vergne, TN 37086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.07
3.93	Nonpriority creditor's name and mailing address Emma Inc. 75 Remittance Dr Ste 6222 Chicago, IL 60675-6222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.94	Nonpriority creditor's name and mailing address Equinox Communications PO Box 2607 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>IT support services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,197.15
3.95	Nonpriority creditor's name and mailing address Erika Montez 7309A N Baker Cir Fort Campbell, KY 42223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.96
3.96	Nonpriority creditor's name and mailing address Estalee Duncan 216 Lucky Dr Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.41
3.97	Nonpriority creditor's name and mailing address Fairway-Galt, LLC 728 Shades Creek Pky, Suite 200 Birmingham, AL 35209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,650.82
3.98	Nonpriority creditor's name and mailing address Families Magazine PO Box 729 Hopkinsville, KY 42241-0729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00

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<div>3.99</div>	Nonpriority creditor's name and mailing address Fire Safety Equipment & Service 4099 Bernard Rd Joelton, TN 37080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$107.44</u>
<div>3.100</div>	Nonpriority creditor's name and mailing address Flexential PO Box 536933 Atlanta, GA 30353-6933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,685.00</u>
<div>3.101</div>	Nonpriority creditor's name and mailing address Four Plus Corporation c/o 511 Group 1850 Nashville City Center 511 Union St. Nashville, TN 37219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150.84</u>
<div>3.102</div>	Nonpriority creditor's name and mailing address Franklin Collection Service, Inc. PO Box 3910 Tupelo, MS 38803-3910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$105.00</u>
<div>3.103</div>	Nonpriority creditor's name and mailing address Gary Griffieth MD 2001 Rush St Apt 2311 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$300.00</u>
<div>3.104</div>	Nonpriority creditor's name and mailing address Gary Griffieth MD 2001 Rush St Apt 2311 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expenses paid on behalf of Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$42,275.25</u>
<div>3.105</div>	Nonpriority creditor's name and mailing address Gerri White 2212 Dearborn Dr. Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$68.65</u>

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3.106	Nonpriority creditor's name and mailing address Glover's Lock Service 514 Kraft St Clarksville, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00
<hr/>			
3.107	Nonpriority creditor's name and mailing address Go Fish 6297 N New Hope Rd Hermitage, TN 37076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$571.24
<hr/>			
3.108	Nonpriority creditor's name and mailing address Gordon N. Stowe and Associates, Inc. Attn: Accts Receivable 586 Palwaukee Dr. Wheeling, IL 60090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.77
<hr/>			
3.109	Nonpriority creditor's name and mailing address Greensboro Service Center PO box 740800 Atlanta, GA 30374-0800 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.15
<hr/>			
3.110	Nonpriority creditor's name and mailing address GSK GlaxoSmithKline Pharmaceuticals PO Box 740415 Atlanta, GA 30374-0415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,962.11
<hr/>			
3.111	Nonpriority creditor's name and mailing address Guardian PO Box 677458 Dallas, TX 75267-7458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,827.55
<hr/>			
3.112	Nonpriority creditor's name and mailing address H & H Heating, Air & Refrigeration 2547 Madison St Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.90

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3.113	Nonpriority creditor's name and mailing address H & J Realty 8138 Moores Lane Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
<hr/>			
3.114	Nonpriority creditor's name and mailing address Hamilton Painting 1204 Murfreesboro Road Lebanon, TN 37090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,180.00
<hr/>			
3.115	Nonpriority creditor's name and mailing address Hamilton Young Building Leap Solutions 213 W Maplewood Ln Ste 350 Nashville, TN 37207 Date(s) debt was incurred <u>5/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>800 Weatherly Dr</u> <u>Clarksville TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,900.71
<hr/>			
3.116	Nonpriority creditor's name and mailing address Hanover Insurance Group PO Box 580045 Charlotte, NC 28258-0045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,004.93
<hr/>			
3.117	Nonpriority creditor's name and mailing address Harpeth Answering & Communications 506 Hillsoro Blvd Ste 106 Manchester, TN 37355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Answering service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.00
<hr/>			
3.118	Nonpriority creditor's name and mailing address Harris Brand Recruiting 3100 Rosendale Rd Schenectady, NY 12309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,784.00
<hr/>			
3.119	Nonpriority creditor's name and mailing address Harris Family Pharmacy 1157 Fort Campbell Blvd. Clarksville, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,828.81

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3.120	Nonpriority creditor's name and mailing address Harris Klein Associates Inc. PO Box 2087 Woodstock, GA 30188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.07
3.121	Nonpriority creditor's name and mailing address Harrison's Lock 307 W Main St Ste H Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.25
3.122	Nonpriority creditor's name and mailing address Hartmann Central, LLC 1418 Palmer Road Lebanon, TN 37090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,023.71
3.123	Nonpriority creditor's name and mailing address Health Mega Mall Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.96
3.124	Nonpriority creditor's name and mailing address HealthAmerica PA - Refunds PO Box 8500-784182 Philadelphia, PA 19178-4182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.68
3.125	Nonpriority creditor's name and mailing address HealthSCOPE Benefits 27 Corporate Hill Dr Little Rock, AR 72205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.09
3.126	Nonpriority creditor's name and mailing address Heathstone Properties 4925 Veterans Parkway Murfreesboro, TN 37128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,521.11

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3.127	Nonpriority creditor's name and mailing address Henry Schein Dept CH 10241 Palatine, IL 60055-0241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,311.17
3.128	Nonpriority creditor's name and mailing address Herbert Barron 121 Sandi's Ln. Palmyra, TN 37142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.87
3.129	Nonpriority creditor's name and mailing address Hicks HVAC 991 Brilery Pkwy. Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.130	Nonpriority creditor's name and mailing address Hiller LLC- Nashville 915 Murfreesboro Pike Nashville, TN 37225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$978.50
3.131	Nonpriority creditor's name and mailing address Holladay Properties MOB 147 of Tennessee PO Box 404485 Atlanta, GA 30384 Date(s) debt was incurred <u>4/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>3443 Dickerson Rd</u> <u>Nashville TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,626.17
3.132	Nonpriority creditor's name and mailing address Holladay Properties - Skyline PO Box 404485 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,976.48
3.133	Nonpriority creditor's name and mailing address Holly Miller 317 50th Ave N Nashville, TN 37209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

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3.134 Nonpriority creditor's name and mailing address
Hoskins & Company
1900 Church Street Suite 200
Nashville, TN 37203
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$8,693.75

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.135 Nonpriority creditor's name and mailing address
Humana Healthcare Plan
PO Box 931655
Atlanta, GA 31193-1655
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$607.53

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

3.136 Nonpriority creditor's name and mailing address
ICG Link Inc.
7003 Chadwick Dr Ste 111
Brentwood, TN 37027
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$15.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Network support

Is the claim subject to offset? ☒ No ☐ Yes

3.137 Nonpriority creditor's name and mailing address
INETCO, LLC
190B Soudersville Road
Hendersonville, TN 37075
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$12,592.46

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.138 Nonpriority creditor's name and mailing address
Infinisource, Inc.
15 E. Washington Street
Coldwater, MI 49036
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$1,565.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.139 Nonpriority creditor's name and mailing address
IPFS Corporation
900 Ashwood Parkway Suite 370
Atlanta, GA 30338
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$610.19

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.140 Nonpriority creditor's name and mailing address
Jaclyn Perez
107 Rudolph Dr
Clarksville, TN 37040
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$45.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Provider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

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3.141	Nonpriority creditor's name and mailing address Jasmine Gibson 1622 Brentridge Cir Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65
<hr/>			
3.142	Nonpriority creditor's name and mailing address Jennifer Mojica Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.51
<hr/>			
3.143	Nonpriority creditor's name and mailing address Jennifer Strickland 1204 Hartfield Ct Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
<hr/>			
3.144	Nonpriority creditor's name and mailing address Jennifer Watson 143 Hendon Memorial Rd Shelbyville, TN 37160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.36
<hr/>			
3.145	Nonpriority creditor's name and mailing address Jerry Giltz 1000 Worthington Ln Apt 10-207 Spring Hill, TN 37174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.51
<hr/>			
3.146	Nonpriority creditor's name and mailing address Jewell Mechanical 1000 Elm Hill Pike Nashville, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
<hr/>			
3.147	Nonpriority creditor's name and mailing address Jihan Shukri 360 Bell Rd Apt 303 Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00

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3.148	Nonpriority creditor's name and mailing address Jonathan Garcia 1017 Townley Dr Madison, TN 37115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Nonprovider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.96
3.149	Nonpriority creditor's name and mailing address Jonathan Spanier MD 1032 Gracelawn Dr Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Provider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$864.00
3.150	Nonpriority creditor's name and mailing address June D. Bryant Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.91
3.151	Nonpriority creditor's name and mailing address Karen Blount 5582 B Zapata Drive Pegram, TN 37143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223.85
3.152	Nonpriority creditor's name and mailing address Karen Chaffin 5909 Sedberry Road Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$731.00
3.153	Nonpriority creditor's name and mailing address Kathleen Weakley 1928 Streamfield Court Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.154	Nonpriority creditor's name and mailing address Kelly Eigner 310 Gross Ln Hartsville, TN 37074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Nonprovider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00

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<div>3.155</div> <div>Nonpriority creditor's name and mailing address</div> <div>Khalid Abdulkhalig 114 Gardenia St Mount Pleasant, TN 38474</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Patient refund</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$115.61</u></div>
<hr/>		
<div>3.156</div> <div>Nonpriority creditor's name and mailing address</div> <div>Kofi Asare-Bawuah 1225 Plumeria Pl Nolensville, TN 37135</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Provider employee reimbursement</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$2,741.30</u></div>
<hr/>		
<div>3.157</div> <div>Nonpriority creditor's name and mailing address</div> <div>LabCorp PO Box 12140 Burlington, NC 27216-2140</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1,636.00</u></div>
<hr/>		
<div>3.158</div> <div>Nonpriority creditor's name and mailing address</div> <div>Lamont, Hanley & Associates, Inc. PO Box 179 Manchester, NH 03105</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$651.82</u></div>
<hr/>		
<div>3.159</div> <div>Nonpriority creditor's name and mailing address</div> <div>LBMPC PO Box 1869 Brentwood, TN 37024-1869</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Training</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$699.80</u></div>
<hr/>		
<div>3.160</div> <div>Nonpriority creditor's name and mailing address</div> <div>LeighAnn Brinkley 901 Northern Dance Ln Elgin, SC 29045</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Nonprovider employee reimbursement</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$18.14</u></div>
<hr/>		
<div>3.161</div> <div>Nonpriority creditor's name and mailing address</div> <div>Leslie Komulainen 229 Cedar Bend Cir Clarksville, TN 37043</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Nonprovider employee reimbursement</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$52.19</u></div>

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<div>3.162</div> <div>Nonpriority creditor's name and mailing address</div> <div>Lisa Lewis 1004 Pembroke Point Mount Juliet, TN 37122</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Patient Refund</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$157.00</u></div>
<hr/>		
<div>3.163</div> <div>Nonpriority creditor's name and mailing address</div> <div>Longwell Cleaning Services 2274 High Meadow Drive Murfreesboro, TN 37129</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1,500.00</u></div>
<hr/>		
<div>3.164</div> <div>Nonpriority creditor's name and mailing address</div> <div>Lorie Marsh 1984 Sugar Flat Rd Lebanon, TN 37087</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Nonprovider employee reimbursement</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$47.82</u></div>
<hr/>		
<div>3.165</div> <div>Nonpriority creditor's name and mailing address</div> <div>Lucy Martin</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$981.00</u></div>
<hr/>		
<div>3.166</div> <div>Nonpriority creditor's name and mailing address</div> <div>M and S Holdings 1511 Sunset Road Brentwood, TN 37027</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$40,164.80</u></div>
<hr/>		
<div>3.167</div> <div>Nonpriority creditor's name and mailing address</div> <div>MailFinance, Inc. PO Box 123682 Dallas, TX 75312-3682</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: _____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$942.36</u></div>
<hr/>		
<div>3.168</div> <div>Nonpriority creditor's name and mailing address</div> <div>Main Street Media of Tennessee Gould Enterprises Inc. PO Box 8156 Gallatin, TN 37066-8156</div> <div>Date(s) debt was incurred _____</div> <div>Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u>Marketing</u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1,012.97</u></div>

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3.169	Nonpriority creditor's name and mailing address Maine Standards 221 US Route 1 Cumberland Foreside, ME 04110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$416.24
<hr/>			
3.170	Nonpriority creditor's name and mailing address Maisam Alkhafaji 109 Shacklatt Lane Ct Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.00
<hr/>			
3.171	Nonpriority creditor's name and mailing address Mary Ruth Scobey MD 5004 English Village Dr Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$835.00
<hr/>			
3.172	Nonpriority creditor's name and mailing address MBLab Consulting 1106 Gettysvue Way Knoxville, TN 37922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,728.05
<hr/>			
3.173	Nonpriority creditor's name and mailing address McCurry Construction, LLC 2207 Saint Joseph's Court Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,047.91
<hr/>			
3.174	Nonpriority creditor's name and mailing address McKesson Medical Surgical PO Box 634404 Cincinnati, OH 45263-4404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126,660.17
<hr/>			
3.175	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,990.14

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3.176	Nonpriority creditor's name and mailing address MedSafe Total Compliance Solutions, Inc. 27 Mica Lane, Suite 208 Wellesley Hills, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,825.46
<hr/>			
3.177	Nonpriority creditor's name and mailing address Megan Thomas 1606 Samuel Dr Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.15
<hr/>			
3.178	Nonpriority creditor's name and mailing address Merck PO Box 5254 Carol Stream, IL 60197-5254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234,398.34
<hr/>			
3.179	Nonpriority creditor's name and mailing address Meridian Law, PLLC 2900 Vanderbilt Place, Suite 100 Nashville, TN 37212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,951.26
<hr/>			
3.180	Nonpriority creditor's name and mailing address MHBP Federal Employees Health Benefits PO box 8402 London, KY 40742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.76
<hr/>			
3.181	Nonpriority creditor's name and mailing address Mid-State Communications 504 Hillsboro Blvd Manchester, TN 37355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Answering service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$404.80
<hr/>			
3.182	Nonpriority creditor's name and mailing address Middle Tennessee Electric PO Box 220 Lebanon, TN 37088-0220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$813.15

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3.183	Nonpriority creditor's name and mailing address Mint Condition 101 SE Parkway Ct Ste 230 Franklin, TN 37064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,662.82</u>
3.184	Nonpriority creditor's name and mailing address Modern Babies and Children Nashville 1050 Glenbrook Way Ste 480-145 Hendersonville, TN 37075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$850.00</u>
3.185	Nonpriority creditor's name and mailing address Murfreesboro Electric Company PO Box 9 Murfreesboro, TN 37133-0009 Date(s) debt was incurred ____ Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,046.47</u>
3.186	Nonpriority creditor's name and mailing address Mutual of Omaha PO Box 2147 Omaha, NE 68103-2147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,475.90</u>
3.187	Nonpriority creditor's name and mailing address Nancy Lara Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.188	Nonpriority creditor's name and mailing address Nashville Area Hispanic Chamber of Commerce PO Box 40541 Nashville, TN 37204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$500.00</u>
3.189	Nonpriority creditor's name and mailing address National Contact Center Management Group 2501 Park Plaza Bldg. 1-4W Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$34,164.00</u>

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3.190	Nonpriority creditor's name and mailing address Natus Medical, Inc. Dept. 33768 PO Box 39000 San Francisco, CA 94139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,137.58
<hr/>			
3.191	Nonpriority creditor's name and mailing address Navicure Inc. 2055 Sugarloaf Cir Ste 600 Duluth, GA 30097-4363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Claims submission</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,780.00
<hr/>			
3.192	Nonpriority creditor's name and mailing address Neofunds by Neopost PO Box 30193 Tampa, FL 33630-3193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Postage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
<hr/>			
3.193	Nonpriority creditor's name and mailing address NES 1214 Church Street Nashville, TN 37246-0003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,839.64
<hr/>			
3.194	Nonpriority creditor's name and mailing address Newtek Technology 2550 W. Union Hills Dr., Suite 390 Phoenix, AZ 85027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,885.87
<hr/>			
3.195	Nonpriority creditor's name and mailing address NextGen Healthcare/Quality Systems Inc. PO Box 809390 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electronic health record system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298,608.15
<hr/>			
3.196	Nonpriority creditor's name and mailing address Novacopy, Inc. PO Box 372, Dept. 200 Memphis, TN 38101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,647.58

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3.197	Nonpriority creditor's name and mailing address NovaGen 10245 West Little Yord Rd., Suite 400 Houston, TX 77040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,107.67
3.198	Nonpriority creditor's name and mailing address Novartis Vaccines & Diagnostics Inc. Attn: Sharie Campbell 4645 S Lakeshore Dr #11 Tempe, AZ 85282-7152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,369.72
3.199	Nonpriority creditor's name and mailing address Oaktree Products Inc. 610 Spirit Valley E Chesterfield, MO 63005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Audiology supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412.20
3.200	Nonpriority creditor's name and mailing address Office Depot PO Box 633301 Cincinnati, OH 45263-3301 Date(s) debt was incurred ____ Last 4 digits of account number <u>5544</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.48
3.201	Nonpriority creditor's name and mailing address Ortho Clinical Diagnostics 100 Indigo Creek Drive Rochester, NY 14626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,497.50
3.202	Nonpriority creditor's name and mailing address Otometrics PO Box 200980 Pittsburgh, PA 15251-0980 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Audiology supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.203	Nonpriority creditor's name and mailing address Paulette Poe 402 Fabian Pl Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.96

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3.204	Nonpriority creditor's name and mailing address Payment Resolution Services Attn: MSC 410836 PO Box 415000 Nashville, TN 37241-0836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,017.76
3.205	Nonpriority creditor's name and mailing address Peak 10, Inc. PO Box 536933 Atlanta, GA 30353-6933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,315.00
3.206	Nonpriority creditor's name and mailing address PedsTest.com 1013 Austin Ct Nolensville, TN 37135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office forms</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,419.00
3.207	Nonpriority creditor's name and mailing address Performance Business Forms 200 Blanton Ave Nashville, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office forms</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.35
3.208	Nonpriority creditor's name and mailing address Perry Carlson 5091 Pine Hill Rd Nashville, TN 37221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,231.00
3.209	Nonpriority creditor's name and mailing address Pfizer PO Box 100539 Atlanta, GA 30384-0539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,565.31
3.210	Nonpriority creditor's name and mailing address PGBA, LLC Attn: Tricare South Region Finance PO Box 100279 Columbia, SC 29202-3279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$531.61

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3.211	Nonpriority creditor's name and mailing address Piedmont Natural Gas PO Box 660920 Dallas, TX 75266-0920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,562.96
<hr/>			
3.212	Nonpriority creditor's name and mailing address Pinnacle Services Inc. 2817 West End Ave Ste 126-384 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,726.40
<hr/>			
3.213	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services PO Box 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Postage meter lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.56
<hr/>			
3.214	Nonpriority creditor's name and mailing address Pitney Bowes Purchase Power 21210 Erwin St Woodland Hills, CA 91367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Postage expense and late fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,669.03
<hr/>			
3.215	Nonpriority creditor's name and mailing address PracticeLink Limited PO Box 100 Hinton, WV 25951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
<hr/>			
3.216	Nonpriority creditor's name and mailing address PracticeSuite PO Box 15124 Fremont, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,688.88
<hr/>			
3.217	Nonpriority creditor's name and mailing address Precision Roller 2102 W. Quail Ave., Suite 1 Phoenix, AZ 85027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.56

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3.218 Nonpriority creditor's name and mailing address

**Premier Parking
421 Church St
Nashville, TN 37219**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Parking for training

Is the claim subject to offset? ☒ No ☐ Yes

\$725.00

3.219 Nonpriority creditor's name and mailing address

**Priority Nashville Contracting LLC
PO Box 41830
Nashville, TN 37204**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Leasehold improvements

Is the claim subject to offset? ☒ No ☐ Yes

\$4,000.00

3.220 Nonpriority creditor's name and mailing address

**ProAssurance Indemnity Company Inc.
PO Box 952315
Dallas, TX 75395-2315**

Date(s) debt was incurred

Last 4 digits of account number 9675

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$20,924.00

3.221 Nonpriority creditor's name and mailing address

**ProAssurance Risk Resource Department
PO Box 809196
Chicago, IL 60680-9196**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$1,675.00

3.222 Nonpriority creditor's name and mailing address

**Prolmage Facility Services, LLC
15115 Old Hickory Blvd., Suite B
Nashville, TN 37211**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$75.00

3.223 Nonpriority creditor's name and mailing address

**Prosad Kona
522 Aventura Dr
Mount Juliet, TN 37122**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

\$245.00

3.224 Nonpriority creditor's name and mailing address

**PSS Physician Sales & Service Inc.
4105 Royal Dr Ste 600
Kennesaw, GA 30144**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Medical supplies and vaccines

Is the claim subject to offset? ☒ No ☐ Yes

\$304,517.81

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3.225	Nonpriority creditor's name and mailing address Ray Fochler 1765 Highway 25 West Gallatin, TN 37066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,020.00
3.226	Nonpriority creditor's name and mailing address Real Time Translation, Inc. 716 County Rd. 10 NE #174 Minneapolis, MN 55434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,330.00
3.227	Nonpriority creditor's name and mailing address Recall Total Information Management 015295 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical records storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,272.46
3.228	Nonpriority creditor's name and mailing address Reginald King PO Box 150214 Nashville, TN 37215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.53
3.229	Nonpriority creditor's name and mailing address Revive Health 209 10th Ave S Ste 214 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,899.19
3.230	Nonpriority creditor's name and mailing address Richards & Richards Office Records Management Inc. PO Box 17070 Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical records storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,593.37
3.231	Nonpriority creditor's name and mailing address Richelle Deharde 3443 Binkley Rd Joelton, TN 37080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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3.232 Nonpriority creditor's name and mailing address

**Robbie Rodgers
406 2nd Ave
Murfreesboro, TN 37130**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

\$219.08

3.233 Nonpriority creditor's name and mailing address

**Roderick Bahner
PO Box 2191
Brentwood, TN 37024**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Provider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

\$731.00

3.234 Nonpriority creditor's name and mailing address

**Safe Clean
164 McCall Street
Nashville, TN 37211**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$16,256.52

3.235 Nonpriority creditor's name and mailing address

**Safe Point, LLC
1214 Hunters Point Pike, Suite A
Lebanon, TN 37087**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$200.00

3.236 Nonpriority creditor's name and mailing address

**Sanofi Pasteur, Inc.
12458 Collections Center Dr.
Chicago, IL 60693**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$210,628.78

3.237 Nonpriority creditor's name and mailing address

**Scarlett Leadership Institute
840 Crescent Center Dr Ste 120
Franklin, TN 37067**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Training**

Is the claim subject to offset? ☒ No ☐ Yes

\$5,000.00

3.238 Nonpriority creditor's name and mailing address

**Schatonea Newby
255 Cathy Jo Dr
Nashville, TN 37211**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

\$11.65

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3.239	Nonpriority creditor's name and mailing address Scotty W. Harris 281 Hicokry Hollow Terrace Antioch, TN 37013-2127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$23,442.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.240	Nonpriority creditor's name and mailing address Shamekia Clinton 1052 E Monica Dr Clarksville, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$155.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.241	Nonpriority creditor's name and mailing address Shantanik Green 923 Oak Meadow Franklin, TN 37064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$57.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.242	Nonpriority creditor's name and mailing address ShoreTel Inc. 4921 Solution Center Chicago, IL 60677-4009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$9,032.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.243	Nonpriority creditor's name and mailing address Shred-it USA, LLC PO Box 13574 New York, NY 10087-3574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$5,053.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.244	Nonpriority creditor's name and mailing address Sitex Corporation PO Box 38 Henderson, KY 42419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$7,780.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Linen service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245	Nonpriority creditor's name and mailing address SL Management Group TN LLC (Admin) 788 Morris Turnpike Short Hills, NJ 07078 Date(s) debt was incurred ____ Last 4 digits of account number <u>0B17</u>	As of the petition filing date, the claim is: Check all that apply. \$29,599.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.246	Nonpriority creditor's name and mailing address SL Management Group TN LLC (So Hills) 788 Morris Turnpike Short Hills, NJ 07078 Date(s) debt was incurred ____ Last 4 digits of account number <u>5247</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$56,740.98</u>
3.247	Nonpriority creditor's name and mailing address Sladja Miledic 845 Windsor Green Blvd Goodlettsville, TN 37072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$70.00</u>
3.248	Nonpriority creditor's name and mailing address Smilemakers PO Box 2543 Spartanburg, SC 29304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,074.70</u>
3.249	Nonpriority creditor's name and mailing address SNH Medical Office Properties Dept 1600 PO Box 538601 Atlanta, GA 30353 Date(s) debt was incurred <u>4/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>6716 Nolensville Rd</u> <u>Brentwood TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$28,843.02</u>
3.250	Nonpriority creditor's name and mailing address St. Thomas Medical Partners Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$382.00</u>
3.251	Nonpriority creditor's name and mailing address St. Thomas Medical Staff Fund PO Box 380 Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credentialing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$500.00</u>
3.252	Nonpriority creditor's name and mailing address St. Thomas Medical Staff Fund Attn: Medical Affairs 4220 Harding Road Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$200.00</u>

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3.253 Nonpriority creditor's name and mailing address
St. Thomas Rutherford Hospital
501 Great Circle Rd Ste 300
Attn: STR Finance
Nashville, TN 37228
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$5,782.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Answering service**

Is the claim subject to offset? ☒ No ☐ Yes

3.254 Nonpriority creditor's name and mailing address
Staples Advantage
Attn: Vedetta Hughes
7525 W Campus Rd
New Albany, OH 43054
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$7,301.07

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Office supplies**

Is the claim subject to offset? ☒ No ☐ Yes

3.255 Nonpriority creditor's name and mailing address
State Farm Insurance Companies
Insurance Support Center
PO Box 588002
North Metro, GA 30029-8002
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$113.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.256 Nonpriority creditor's name and mailing address
Stephen A. Tisdell
1600 Rosewood Court
Brentwood, TN 37027
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$4,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.257 Nonpriority creditor's name and mailing address
Stericycle, Inc.
4010 Commercial Ave.
Northbrook, IL 60062
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$51,245.17

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.258 Nonpriority creditor's name and mailing address
Storage Solutions
2876 Old Fort Parkway
Murfreesboro, TN 37128
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$239.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.259 Nonpriority creditor's name and mailing address
StorPlace of Medical Center Nashville
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$741.11

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

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3.260 Nonpriority creditor's name and mailing address

**Sy.Med Development
101 Westpark Dr Ste 140
Brentwood, TN 37027**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Credentialing software system**

Is the claim subject to offset? ☒ No ☐ Yes

\$3,143.14

3.261 Nonpriority creditor's name and mailing address

**Tamer El-Mahdy
309 NW 18th St Apt 907
Ankeny, IA 50023-4267**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Patient refund**

Is the claim subject to offset? ☒ No ☐ Yes

\$409.90

3.262 Nonpriority creditor's name and mailing address

**TaTanisha Smith MD
1412 Brentwood Terrace
Nashville, TN 37211**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Provider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

\$875.00

3.263 Nonpriority creditor's name and mailing address

**Te'Airra Guinn
499 Swiss Ave Apt 116A
Nashville, TN 37211**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

\$11.65

3.264 Nonpriority creditor's name and mailing address

**Ted R. Sanders Moving & Warehouse, Inc.
PO Box 90202
Nashville, TN 37209-1020**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$43,296.52

3.265 Nonpriority creditor's name and mailing address

**Ten Times Better Corporation
923 Oldham Dr #851
Nolensville, TN 37135**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Marketing**

Is the claim subject to offset? ☒ No ☐ Yes

\$100.00

3.266 Nonpriority creditor's name and mailing address

**Tennessee Anytime
NIC USA Inc.
PO Box 504212
Saint Louis, MO 63150-4212**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Insurance verification**

Is the claim subject to offset? ☒ No ☐ Yes

\$150.00

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3.267	Nonpriority creditor's name and mailing address Tennessee Foreign Language Institute 220 French Landing Dr., Suite 1-B Nashville, TN 37243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.65
3.268	Nonpriority creditor's name and mailing address Tennessee Mechanical Corp. TMC 101 General Forrest Court Smyrna, TN 37167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
3.269	Nonpriority creditor's name and mailing address The CSI Companies Inc. PO Box 890841 Charlotte, NC 28289-9841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Temporary staffing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,510.11
3.270	Nonpriority creditor's name and mailing address The Mathews Company PO Box 22149 Nashville, TN 37202-2149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,935.46
3.271	Nonpriority creditor's name and mailing address The Stanton Group PO Box 993 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
3.272	Nonpriority creditor's name and mailing address The Toner Doctor PO Box 94 Madawaska, ME 04756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$603.41
3.273	Nonpriority creditor's name and mailing address TheraCom Payment Center PO Box 640105 Cincinnati, OH 45264-0105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,482.00

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3.274 Nonpriority creditor's name and mailing address
Tim Jurisin Plumbing Inc.
PO Box 3564
Clarksville, TN 37043-3564
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$205.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Repairs and maintenance**
Is the claim subject to offset? ☒ No ☐ Yes

3.275 Nonpriority creditor's name and mailing address
Tina Manshadi
2600 Hillsboro Pk Unit 132
Nashville, TN 37212
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$5,096.61**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Provider employee reimbursement**
Is the claim subject to offset? ☒ No ☐ Yes

3.276 Nonpriority creditor's name and mailing address
Tonika Milan
110 E St
Clarksville, TN 37042
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$100.80**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Nonprovider employee reimbursement**
Is the claim subject to offset? ☒ No ☐ Yes

3.277 Nonpriority creditor's name and mailing address
Tracy Carter
2503 Angelyn Dr
Murfreesboro, TN 37129
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$941.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Provider employee reimbursement**
Is the claim subject to offset? ☒ No ☐ Yes

3.278 Nonpriority creditor's name and mailing address
Travis Crook MD
1204 Jewell Ave
Franklin, TN 37064
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$805.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Provider employee reimbursement**
Is the claim subject to offset? ☒ No ☐ Yes

3.279 Nonpriority creditor's name and mailing address
Triage Logic
PO Box 79426
Baltimore, MD 21279
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$1,442.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Nurse triage services**
Is the claim subject to offset? ☒ No ☐ Yes

3.280 Nonpriority creditor's name and mailing address
Two Men and a Truck
4801 Alabama Ave.
Nashville, TN 37209
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$3,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

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3.281	Nonpriority creditor's name and mailing address United Healthcare Claim Refund PO Box 209011 Dallas, TX 75320-9011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.61
<hr/>			
3.282	Nonpriority creditor's name and mailing address United Healthcare Insurance Company Dept CH10151 Palatine, IL 60055-0151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,380.22
<hr/>			
3.283	Nonpriority creditor's name and mailing address United Healthcare Recovery Services PO Box 101760 Atlanta, GA 30392-1760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,606.52
<hr/>			
3.284	Nonpriority creditor's name and mailing address United States Trustee PO Box 530202 Atlanta, GA 30353-0202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,026.00
<hr/>			
3.285	Nonpriority creditor's name and mailing address Up to Date 230 Third Ave Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,750.00
<hr/>			
3.286	Nonpriority creditor's name and mailing address US HealthWorks PO Box 741827 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.00
<hr/>			
3.287	Nonpriority creditor's name and mailing address Vanderbilt University Medical Center Nurse Triage Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nurse triage services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,024.00

Debtor **CAPSTONE PEDIATRICS, PLLC**
Name

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3.288 Nonpriority creditor's name and mailing address
Vani Veera MD
1444 W Northfield Blvd
Murfreesboro, TN 37129
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$4,929.82**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Provider employee reimbursement**
Is the claim subject to offset? ☒ No ☐ Yes

3.289 Nonpriority creditor's name and mailing address
Vankat K Reddy MD
PO Box 331034
Nashville, TN 37203-7508
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$118.86**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Patient refund**
Is the claim subject to offset? ☒ No ☐ Yes

3.290 Nonpriority creditor's name and mailing address
VaxServe
54 Glenmaura National Blvd., Ste. 301
Moosic, PA 18507-2101
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$3,145.89**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

3.291 Nonpriority creditor's name and mailing address
Verizon Wireless
PO Box 660108
Dallas, TX 75266-0108
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$15,944.55**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

3.292 Nonpriority creditor's name and mailing address
VII FS-Nashville, LLC
4678 World Pkwy Circle
Saint Louis, MO 63134
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$131,528.14**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

3.293 Nonpriority creditor's name and mailing address
VIII FS - Nashville
4678 World Parkway Cir
Saint Louis, MO 63134
Date(s) debt was incurred 7/2015-11/2015
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$139,182.90**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Unpaid Rent**
330 Wallace Rd
Nashville TN
Is the claim subject to offset? ☒ No ☐ Yes

3.294 Nonpriority creditor's name and mailing address
Virginia O'Connell
705 Vanview Dr Apt A
Lebanon, TN 37087
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$33.60**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Nonprovider employee reimbursement**
Is the claim subject to offset? ☒ No ☐ Yes

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3.295	Nonpriority creditor's name and mailing address Volunteer Welding Supply, Inc. 815 5th Ave. South Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,159.13
3.296	Nonpriority creditor's name and mailing address Walgreens 1419 Lake Cook Rd MS #L390 Deerfield, IL 60015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.95
3.297	Nonpriority creditor's name and mailing address Waste Management of Nashville PO Box 9001054 Louisville, KY 40290-1054 Date(s) debt was incurred ____ Last 4 digits of account number <u>3725</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.68
3.298	Nonpriority creditor's name and mailing address Weight Loss & Wellness Services, LLC 2801 S. MacDill Ave. Tampa, FL 33629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,164.66
3.299	Nonpriority creditor's name and mailing address Welch Allyn, Inc. 4341 State Street Skaneateles Falls, NY 13153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.40
3.300	Nonpriority creditor's name and mailing address White & Reasor 3100 West End Ave., Suite 1100 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,679.55
3.301	Nonpriority creditor's name and mailing address Williamson Medical Center Attn: Medical Staff 4321 Carothers Pkwy Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

Debtor **CAPSTONE PEDIATRICS, PLLC**
Name

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3.302	Nonpriority creditor's name and mailing address Windrose 310 Properties Healthcare Property Managers of America Dept 730034 PO Box 660919 Dallas, TX 75266-0919 Date(s) debt was incurred <u>8/2015-11/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>310 25th Ave N</u> <u>Nashville TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112,553.96
3.303	Nonpriority creditor's name and mailing address Windrose Physicians Plaza Healthcare Property Managers of America Dept 730034 PO Box 660919 Dallas, TX 75260-9190 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>100 Covey Dr</u> <u>Franklin TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,475.96
3.304	Nonpriority creditor's name and mailing address Windstream PO Box 9001950 Louisville, KY 40290-1950 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.93
3.305	Nonpriority creditor's name and mailing address Winnie Toler 1221 Kilrush Dr Franklin, TN 37069 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expenses paid on behalf of Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201,583.70
3.306	Nonpriority creditor's name and mailing address Winnie Toler 1221 Kilrush Drive Franklin, TN 37069 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202.45
3.307	Nonpriority creditor's name and mailing address Winnie Toler 1221 Kilrush Drive Franklin, TN 37069 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,480.77
3.308	Nonpriority creditor's name and mailing address Zarah Knight 1519 Hwy 49 E Ashland City, TN 37015 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65

Part 3: List Others to Be Notified About Unsecured Claims

Debtor CAPSTONE PEDIATRICS, PLLC
Name

Case number (if known) 3:19-bk-1971

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 144,043.12

5b. + \$ 6,970,082.49

5c. \$ 7,114,125.61

Fill in this information to identify the case:

Debtor name CAPSTONE PEDIATRICS, PLLC

United States Bankruptcy Court for the: Middle District of Tennessee
(State)

Case number (If known): 3:19-bk-01971

☒ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....

\$ 0.00

1b. Total personal property:Copy line 91A from *Schedule A/B*.....

\$ 2,333,084.90

1c. Total of all property:Copy line 92 from *Schedule A/B*.....

\$ 2,333,084.90

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 10,773,255.43

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 144,043.12

3b. Total amount of claims of nonpriority amount of unsecured claims:Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 6,970,082.49

4. Total liabilities.....
Lines 2 + 3a + 3b

\$ 17,887,381.04